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**FEE TRANSMITTAL**  
 for FY 2003

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** **180.00**

**Complete if Known**

Application Number **09/185,908**

Filing Date **November 3, 1998**

First Named Inventor **Orest W. Blaschuk**

Examiner Name **Amy DeCl ux**

Group Art Unit **1644**

Attorney Docket No. **100086.409**

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**METHOD OF PAYMENT**

☒ Payment Enclosed:  
☒ Check ☐ Credit card ☐ Money Order ☐ Other

☐ Deposit Account:  
 Deposit Account Number **19-1090**  
 Deposit Account Name **Seed Intellectual Property Law Group PLLC**

The Commissioner is authorized to (check all that apply)  
☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any deficiencies to the above-identified deposit account.

☐ Applicant claims small entity status. See 37 CFR 1.27.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b>

**2. EXTRA CLAIM FEES**

Total Claims		** =	Extra Claims	*	Fee from below	=	Fee Paid
Independent Claims		** =		*		=	
Multiple Dependent				*		=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				<b>(\$)</b>

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Large Entity		Small		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	400	2252	200	Extension for reply within second month
1253	920	2253	460	Extension for reply within third month
1254	1440	2254	720	Extension for reply within fourth month
1255	1960	2255	980	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1280	1453	640	Petition to revive - unintentional
1501	1280	2501	640	Utility issue fee (or reissue)
1502	460	2502	230	Design issue fee
1503	620	2503	310	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee for provisional applications
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	740	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))
1801	740	2801	370	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
Other fee (specify)				
<b>*Reduced by Basic Filing Fee Paid</b>				<b>SUBTOTAL (3) (\$)</b> <b>180</b>

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**SUBMITTED BY**

Name (Print/Type) **Qing Lin, Ph.D.** Registration No. Attorney/Agent **See Limited Recognition**

Firm Name/Address

Signature *Qing Lin* Date **October 28, 2002**

**00500**  
 PATENT TRADEMARK OFFICE

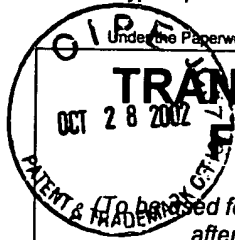
PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/185,908
Filing Date	November 3, 1998
First Named Inventor	Orest W. Blaschuk
Group Art Unit	1644
Examiner Name	Amy DeCloux
Attorney Docket No.	100086.409

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; Form PTO-1449 <input checked="" type="checkbox"/> Cited References (3) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <u>Copy of Limited Recognition</u> _____ -
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Qing Lin, Ph.D.	 <b>00500</b> PATENT TRADEMARK OFFICE
Signature	<i>Qing Lin</i>	
Date	10/28/02	

## CERTIFICATE OF MAILING

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Signature		Date:

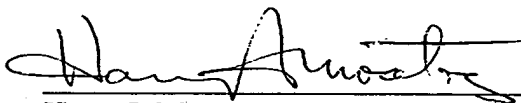
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**Expires: May 17, 2003**

Harry I. Moatz

Director of Enrollment and Discipline